

Final Year Class Test, April 2018

MCQs Total No: 30

Time allotted 30 minutes

1. A 6 years old girl came to pediatric out door with complaints of generalized body edema for the last 7 days associated with headache and vomiting. On physical examination patient is hypertensive with B.P of 130/90 mm of Hg. Laboratory investigation revealed azotemia, multiple RBCs with RBCs casts in urine and proteinuria. What is the most likely possibility?

- a) Nephrotic syndrome
- b) Acute Poststreptococcal Glomerulonephritis
- c) Henoch schonlein purpura
- d) Cystitis
- e) Pyelonephritis

2. A 7 year old girls presents in outdoor with complaints of urgency and frequency of urine associated with dysuria and hematuria. She is diagnosed as a case of urethritis on the bases of complete urine analysis and culture. What microscopic findings of RBCs in urine do you expect?

- a) Dysmorphic red blood cells with RBC cast
- b) Many RBCs with normal morphology and no RBC cast
- c) Normal morphology of RBCs with RBC cast
- d) Many RBCs and RBC cast
- e) Many RBCs and RBC cast and WBCs cast

3. A 7years old boy presents in outdoor with complaint of being irresponsive and non attentive for few seconds multiple times in a day for the last one year. Patient is not aware of these episodes and regains previous activity normally. Physical examination is absolutely normal. Among which of the following can be the cause?

- a) Simple partial seizures
- b) Absence seizures
- c) Myoclonic epilepsy
- d) Complex partial seizures
- e) Generalized tonic clonic seizures

4. In a suspected case of nephrotic syndrome you are ordered to do 24hrs urinary protein analysis. Among which of the following is the nephrotic range protein excretion.

- a) $\leq 4 \text{ mg/m}^2/\text{hr}$.
- b) $4-40 \text{ mg/m}^2/\text{hr}$
- c) $>40 \text{ mg/m}^2/\text{hr}$.
- d) $>80 \text{ mg/m}^2/\text{hr}$.
- e) $>20 \text{ mg/m}^2/\text{hr}$.

5. A 4 years old child presents in outdoor with complaint of being developmentally delayed. He was diagnosed as a case of cerebral palsy. How would you define a cerebral palsy?

- a) Group of progressive, but often changing, motor impairment syndromes secondary to brain insult after 2 years of age
- b) Group of nonprogressive, but often changing, sensory impairment syndromes secondary to brain insult in the early stages of development
- c) Group of nonprogressive, but often changing, motor impairment syndromes secondary to brain insult in the early stages of development
- d) Group of progressive, but often changing, motor impairment syndromes secondary to brain insult in the early stages of development

6. A 10 year old girl comes to outdoor with body swelling for 5 days associated with headache and cola color urine. After detail workup you diagnosed her as a case of post streptococcal glomerulonephritis. Which one of the following statement is not true for the diagnosis?

- a) Urinalysis demonstrates red blood cells (RBCs), with RBC cast and proteinuria
- b) The serum C3 level is significantly high and returns to normal 6-8 wk after onset
- c) Confirmation of the diagnosis requires clear evidence of a prior streptococcal infection
- d) A mild normochromic anemia may be present.
- e) The patient is likely to have fluid overload and hypertension.

7. Indications for albumin infusion in nephrotic syndrome include all of following, EXCEPT?

- a) Severe edema
- b) Massive Ascites
- c) Pleural effusion
- d) Genital edema
- e) Hypertension

8. Acute post - streptococcal glomerulonephritis is diagnosed when there is ?

- a) Generalized Edema + Proteinuria
- b) Edema + Oliguria
- c) Oliguria + Hypertension
- d) Edema + Hematuria
- e) Hypertension + Hematuria + Edema

9. A 3.5 years old child presents with generalized body edema and decreased passage of urine. After detailed history your provisional diagnosis is nephrotic syndrome. Which one of the following is the feature of nephrotic syndrome?

- a) Hypoalbuminemia
- b) Hematuria
- c) Hypertension
- d) Deranged renal functions
- e) Hypocomplementemia

10. A 10-year-old boy received in emergency with complaint of fits involving right half of the body and loss of consciousness for 15 minutes. His father told you that he was alright before this episode with no history of headache and fever. He also had the same episode last year after which he remained well. What is the diagnosis?

- a) Partial seizures
- b) Complex partial seizures
- c) Generalized epilepsy
- d) Absence seizure
- e) Myoclonic epilepsy

11. A 9-year-old girl comes to you with complaints of body swelling and passage of dark color urine for three days. Your diagnosis is Acute Poststreptococcal Glomerulonephritis. Among which of the following statements is not true regarding its management?

- a) 10-day course of systemic antibiotic therapy with penicillin is recommended.
- b) Sodium restriction should be done
- c) Diuresis with intravenous furosemide may be needed
- d) Prednisone should be administered at a dose of 60 mg/m²/day
- ~~e) ACE-inhibitors can be given to control hypertension~~

12. Patient with cerebral palsy can have all of the following features except?

- a) Hypertonia
- b) Hypotonia
- c) Mental retardation
- d) Seizures
- e) Absent primitive reflexes

13. Three-year-old boy presents with gross developmental delay and recurrent generalized tonic clonic seizures since the age of 1 year with no fever. He is hypertonic and has brisk tendon reflexes. CSF examination is unremarkable. There is history of fetal distress and delayed cry at birth. The most likely diagnosis is?

- a) Birth asphyxia
- b) Meningitis
- c) Hypocalcemia
- d) Intracranial bleed
- e) Cerebral palsy

14. Among which of the following is the most common side effect of valproic acid?

- a) Bone marrow suppression
- b) Hepatotoxicity
- c) Nephrotoxicity
- d) Growth retardation
- e) Skin rash

15. Regarding interpretation of dipstick test for proteinuria, which one of the following is correct statement

- a) 3+ (300 mg/dL)
- b) 2+ (200 mg/dL)
- c) 3+ (400 mg/dL)
- d) 4+ (200-400mg/dL).
- e) 1+(100-200mg/dl).

16. What is the least common histopathological type of nephrotic syndrome.

- a) Minimal change disease
- b) Mesangial proliferation
- c) Focal segmental glomerulosclerosis
- d) Membranous nephropathy
- e) Membranoproliferative glomerulonephritis

17. You are dealing with a known case of nephrotic syndrome in a follow up clinical. Child is on oral prednisolone and still has body swellings and proteinuria. After how many weeks of treatment with oral prednisolone and no response, it would be steroid resistant nephrotic syndrome?

- a) 12weeks
- b) 6weeks
- c) 4weeks
- d) 8weeks
- e) 10weeks

18. Among which of the following is not the feature of cerebral palsy?

- a) An upper motor neuron lesion leading to hypertonia and abnormal posturing
- b) Microcephaly and developmental delay
- c) Cranial nerve palsies
- d) A progressive neurological disorder leading to development of multiple contractures
- e) Epilepsy is a common complication

19. Which statement is correct regarding composition of ORS?

- (a) Sodium chloride, potassium chloride, trisodium citrate, glucose
- b) Sodium chloride, potassium chloride, trisodium citrate, sucrose
- c) Potassium chloride, trisodium citrate, glucose, potassium iodides
- d) Glucose, Sodium nitrate, potassium chloride, trisodium citrate
- e) Sodium chloride, trisodium citrate, glucose, potassium iodides

20. Five weeks old child is brought in OPD with complaint of persistent jaundice and abdominal distension, according to mother baby passes dark urine and pale stools. On examination jaundice is positive, abdomen is distended with liver and spleen both are palpable. Single specific investigation to reach the diagnosis is?

- a) Serum bilirubin level direct and indirect
- b) Liver function tests (ALT, AST, GGT)
- (c) Ultrasound abdomen
- d) Liver biopsy
- e) Hida scan

21. Appropriate treatment for a three years old child with acute watery diarrhea, vomiting & severe dehydration would be?

- (a) IV Ringer's Lactate 100ml/kg
- b) IV anti emetic injection followed by ORS
- c) Sip wise ORS 75ml/kg over 4 hrs
- d) Rehydration by nasogastric tube
- e) Frequent breast feeding

22. A 2 year old boy weighing 10 kg presented in emergency with history of loose motions for 4 days and vomiting for 2 days. On examination he has severe dehydration. Which of the following is the best treatment option according to WHO Protocol?

- a) 1000 ml of ORS IN 24 HOURS
- b) IV infusion OF 5% dextrose 500ml in 4 hours
- c) IV Infusion of Ringer's lactate 1000ml in 3 hours
- (d) IV infusion of Ringer's lactate 1000ml in 6 hours
- e) IV Infusion of normal saline 1500ml in 4 hours

23. All of followings are true regarding Wilson disease except?

- a) It can cause chronic liver disease
- b) Transmitted as autosomal dominant
- c) Involve brain and eyes
- d) Liver biopsy is diagnostic test for Wilson disease
- e) Serum ceruloplasmin is decreased in Wilson disease

24. Regarding 'serology' in HBV infection, which statement is true? (single best)

- a) HBs Ag: Surface antigen, indicates infection
- b) HBs Ab: Surface antibody, indicates immunity
- X c) Hbe Ag: e antigen, indicates active viral replication
- d) Hbe Ab: e antibody, indicates cessation of viral replication
- e) All of above

25. A 5 years old child comes to you with complaints of chronic diarrhea since the age of 6 months associated with recurrent chest infections. On further inquiry his stool are bulky, sticky and difficult to wash. On clinical examination he is failure to thrive with height and weight below fifth percentile. The most appropriate investigation to confirm the diagnosis.

- a) Stool C/E
- b) Immunoglobulin's level
- ~~c) Sweat chloride test~~
- d) Tuberculin skin test
- ~~e) Bronchoscopy~~

26. Appropriate treatment for a one year old child with acute watery diarrhea, vomiting & 'some' dehydration would be?

- a) I/V Ringer's Lactate
- b) I/V anti emetic injection followed by ORS
- c) Sip wise ORS 75ml/kg over 4 hrs
- d) Rehydration by nasogastric tube
- e) Frequent breast feeding

27. A baby is born to a mother who is a patient of Hepatitis B. The parents are concerned about the baby getting the disease. What preventive measures are likely to be helpful? (which statement is true)

- a) Vaccinate the baby at birth
- b) Hepatitis B Immunoglobulins at birth
- c) Preventive measures effective even after 4 days of life
- d) Vaccinate the mother just before delivery
- e) Start Lamivudine in baby

28. Nine years old child product of consanguineous marriage presented with complaint of generalized body for last one month, hematemesis and melena for last 15 days, according to mother child developed jaundice at age 7 years and history of one sibling death at 8 years of age with same complaint on examination child was sick looking having pedal edema, ascites and clubbing grade 2 and pallor positive. What is most likely cause of this condition?

- a) Chronic hepatitis B infection
- b) Chronic hepatitis C infection
- c) Chronic autoimmune hepatitis
- d) Wilson disease
- e) Glycogen storage disease

29. Five years old male child presented in emergency with complaint of multiple bruises on different parts of body, altered level of consciousness with GCS of 8/15 and history of one episode of hematemesis, five days back H/O of low grade fever, abdominal pain, persistent vomiting and jaundice, which statement is correct regarding treatment of this patient?

- a) Give antibiotics and Fresh frozen plasma only
- b) Give antibiotics and Vitamin K only
- c) Give antibiotics and correct electrolytes imbalance
- d) Give antiviral, correct electrolytes imbalance and vitamin K
- e) Give FFP, vitamin K, correct electrolytes, hypoglycemia and infection if present

30. All of the followings are true about patient with Wilson disease except?

- a) Autosomal recessive disease
- b) Autosomal dominant disease
- c) Serum ceruloplasmin level will be low
- d) Other siblings must be screened for Wilson disease
- e) D penicillamine should be started once diagnosis is confirmed